

**QUINCY POLICE DEPARTMENT**  
**“RAPE AGGRESSION DEFENSE (RAD) TRAINING”**



**APPLICATION**  
**Please Print**

NAME:  
LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize the Quincy Police Department to conduct a criminal history records check on me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return all applications to:  
**Quincy Police Department**  
C/O Chief Paul Keenan  
1 Sea Street  
Quincy, MA 02169  
Fax#: 617-745-5846

Applicants will be notified by mail